



CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 150428-0		3. This Statement covers From: 07/21/2008 To: 08/25/2008 Mo Day Year Mo Day Year	
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR		4. Candidate Last Name ASBURY First Name KURT M.I.	
5. Committee's Mailing Address P O BOX 775 BAY CITY Area Code and Phone (989) 922-6447 MI 48707		4a. Office Sought Including District # or Community Served (If applicable) To Be Determined BAY COUNTY PROSECUTOR	
6. Treasurer's Name & Residential Address STEWART REID 2196 OLD HICKORY DR BAY CITY Area code & Phone MI 48706 Driver License # (Optional)		4b. County of Residence BAY Driver License # (Optional)	
7. Treasurer's Business Address Area Code and Phone		8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone Driver License # (Optional)	
9. TYPE OF STATEMENT			
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Mon Day Year	
Date of Election, Convention or Caucus 08/05/2008 Month Day Year		By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.</p>			
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Recordkeeper STEWART REID Type or Print Name		Signature <i>Stewart Reid</i> Date 09/03/2008 Mo Day Year	
Candidate KURT ASBURY Type or Print Name		Signature <i>Kurt Asbury</i> Date 09/03/2008 Mo Day Year	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>7775.62</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>7775.62</u>	(18.) \$ <u>35485.62</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>7775.62</u>	(20.) \$ <u>35485.62</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>1601.53</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>15096.65</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>15.62</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>15112.27</u>	(23.) \$ <u>34801.74</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>7000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7727.95</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>7775.62</u>	
	(15.) =	<u>15503.57</u>	
15. SUBTOTAL Add Lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>15112.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>391.30</u> *	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/25/2008</u> Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4500.00	7588.53
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2008</u> Name: IBEW LOCAL 692 Address: 1300 W THOMAS BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>Labor Unions</u> Employer <u>Local Trades</u> Business Address <u>1300 W. Thomas, Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>3</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/01/2008</u> Name: MRCC PAC Address: 3800 WOODWARD STE 1200 DETROIT MI 48201 5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR UNION</u> Employer <u>PAC Committee</u> Business Address <u>3800 Woodward, Suite 1200, Detroit, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	450.00	450.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2008</u> Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	400.00 (Food ext. Tommy vs)	7988.53
Page Subtotal	6350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2008</u> Name: STEWART REID Address: 2196 OLD HICKORY DR BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/2008</u> Name: JANET SANTOS Address: 123 CENTER BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	0.62	0.62
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2008</u> Name: NANCY MCDONOUGH Address: 607 NURMI CT BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/07/2008</u> Name: DAVID SALOGAR Address: 5108 OAKHURST BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	225.62	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/12/2008</u> Name: <u>MARK VAN BENSCHOTEN</u> Address: <u>240 N LINWOOD BEACH</u> <u>LINWOOD MI 48634</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MARK VAN BENSCHOTEN</u> Business Address <u>240 N LINWOOD BEACH</u> <u>LINWOOD MI 48634</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>10</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/21/2008</u> Name: <u>UAW MI V-PAC</u> Address: <u>8000 E JEFFERSON</u> <u>DETROIT MI 48214</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Labor Union</u> Employer <u>United Auto Workers</u> Business Address <u>8000 E. Jefferson, Detroit, MI 48214</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal		1200.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)		7775.62

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2008	2593.88
Expenditure # 2 Name: WEYI TV 25 Address: 2225 W WILLARD CLIO MI 48420 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> Expenditure Code <u>BA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/2008	3800.00
Expenditure # 3 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2008	1507.32
Expenditure # 4 Name: US POST OFFICE Address: 123 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/24/2008	1040.03
Expenditure # 5 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2008	1507.32
Subtotal this page			10448.55
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2008	218.36
Expenditure # 7 Name: US POST OFFICE Address: 123 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/2008	1087.56
Expenditure # 8 Name: BAY CITY TIMES Address: 311 FIFTH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/01/2008	1273.00
Expenditure # 9 Name: TOMMY V'S Address: 312 E MIDLAND BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD/ beverages/ Tip</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/05/2008	400.00
Expenditure # 10 Name: PRACTICAL POLITICAL CONSULTING Address: P O BOX 6249 EASTY LANSING MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING LIST</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/10/2008	384.52
Subtotal this page			3363.44
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt # 1 Corp? <input type="checkbox"/> Yes Owed to or by: KURT ASBURY 2125 SIXTH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>09/12/2006</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	500.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 2 Corp? <input type="checkbox"/> Yes Owed to or by: KURT ASBURY 2125 SIXTH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>09/26/2006</u> 6. <u>Original Amount of Debt:</u> \$ <u>2000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	2000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 3 Corp? <input type="checkbox"/> Yes Owed to or by: KURT ASBURY 2125 SIXTH ST BAY CITY MI 48708	4. Type: <u>LOAN</u> Code _____ 5. <u>Date Debt Was Incurred:</u> <u>07/25/2008</u> 6. <u>Original Amount of Debt:</u> \$ <u>4500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	4500.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee.)

7000.00

7000.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page